

Certified Maintenance Program Register

Dealership _____
 Address _____
 City _____
 State _____ ZIP _____ Phone () _____

Register for Month _____ Year _____
 Dealer Code # _____
 Report Prepared by: _____
 FAX () _____

1.	Date	Customer's Name		Contract Term (ex 12/12, 24/24)	Cost (Internal)	Sale Price (price charged)	Remittance
		(Last Name)	(First Name)				
2.							
3.							
4.							
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22							
23							
24							
25							

Total Remittance	
Amount Remitted	

Important

1) Record all maintenance programs sold on this register
 2) Submit the white copy of maintenance applications and a copy of this register with a check for the appropriate remittance within 10 days of the vehicles delivery date to:

Performance Acceptance Corp. / Certified Maintenance
 7225 Sunset Strip NW
 Suite B
 North Canton, OH 44720

Check # _____